



DEPARTMENT OF COMMUNITY DEVELOPMENT  
 PLANNING - BUILDING INSPECTIONS – ZONING

**Application for Residential and Commercial Subdivisions**  
**City of Franklin**

**ALL APPLICATIONS MUST BE ACCOMPANIED BY NO LESS THAN 8 COPIES OF THE SIGNED SUBDIVISION PLAT.**

**PROJECT TYPE:** Residential \_\_\_\_; Commercial \_\_\_\_; **OTHER (describe)** \_\_\_\_\_  
**PRELIMINARY:** \_\_\_\_\_; **FINAL:** \_\_\_\_\_; **REVISION:** \_\_\_\_\_ **CONSTRUCTION PLANS:** \_\_\_\_\_  
**ZONING DISTRICT:** \_\_\_\_\_; **TOTAL ACRES:** \_\_\_\_\_ **PROPOSED # OF LOTS:** \_\_\_\_\_  
**MAJOR SUBD.** \_\_\_\_\_ (Infrastructure improvements, water, sewer, elec., streets, curb and gutter etc. needed to serve lots)  
**MINOR SUBD.** \_\_\_\_\_ (Property does not require the construction of streets or the extension of public utilities to serve lots)  
**UTILITY EASEMENTS IDENTIFIED:** \_\_\_\_\_ **ELECTRIC;** \_\_\_\_\_ **WATER/SEWER;** \_\_\_\_\_ **DRAINAGE**

Applicant \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**CHECK ONE:** \_\_\_\_ Design Professional; \_\_\_\_ Owner; \_\_\_\_ Agent; \_\_\_\_ Contract Purchaser; \_\_\_\_

Owner \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**GENERAL DESCRIPTION OF PROPOSED DEVELOPMENT;** \_\_\_\_\_ -  
 \_\_\_\_\_

**TAX MAP IDENTIFICATION #** Map \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot/s** \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_ **Design Professional:** \_\_\_\_\_ **Ph#** \_\_\_\_\_  
 Submittal of a preliminary or final subdivision plat and subsequent revisions proposed by the applicant shall be accompanied by the designated subdivision plat review fee of \$100.00 plus \$5.00 for each lot in the subdivision.  
**Subdivision Plat Review Fee;** \$ \_\_\_\_\_  
**Construction Plan Review Fees:** I/We as the property owner/applicant/agent understand that if the City of Franklin deems it necessary for an outside agency or organization to review any technical part of this application, I/We agree to reimburse the City for all costs associated with such outside reviews and consultation within 30 days of being billed by the City per section 3-5 of the Subdivision Ordinance.

**APPLICANT'S NAME (PRINT):** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_